

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the  
State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the  
State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2015M M M / D D D / Y Y Y Y Y Y  
04 01 2015M M M / D D D / Y Y Y Y Y Y  
04 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
04 30 2015M M M / D D D / Y Y Y Y Y Y  
04 30 2015M M M / D D D / Y Y Y Y Y Y  
04 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A Mifsud

Signature of Treasurer

Paul A Mifsud

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
05 14 2015M M M / D D D / Y Y Y Y Y Y  
05 14 2015M M M / D D D / Y Y Y Y Y Y  
05 14 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">169473.35</td></tr></table>	169473.35				
Y	Y	Y	Y	Y													
2015																	
169473.35																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">159880.14</td></tr></table>	159880.14															
159880.14																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">16730.00</td></tr></table>	16730.00					<table><tr><td colspan="5">30886.00</td></tr></table>	30886.00									
16730.00																	
30886.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">176610.14</td></tr></table>	176610.14					<table><tr><td colspan="5">200359.35</td></tr></table>	200359.35									
176610.14																	
200359.35																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">9296.29</td></tr></table>	9296.29					<table><tr><td colspan="5">33045.50</td></tr></table>	33045.50									
9296.29																	
33045.50																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">167313.85</td></tr></table>	167313.85					<table><tr><td colspan="5">167313.85</td></tr></table>	167313.85									
167313.85																	
167313.85																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2015

To:

M M	/	D D	/	Y Y Y Y
04		30		2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2785.00

7415.00

(ii) Unitemized .....

13945.00

23471.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

16730.00

30886.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

16730.00

30886.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

16730.00

30886.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

16730.00

30886.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	296.29	4545.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	296.29	4545.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	28500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9296.29	33045.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9296.29	33045.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16730.00	30886.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16730.00	30886.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	296.29	4545.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	296.29	4545.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy Z Farrell**

Mailing Address 5 Crystal Ct

City

Fredericksburg

State

VA

Zip Code

22405-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

04 / 06 / 2015

**Transaction ID : ACA75CF79061941AE996**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Candace S Johnson**

Mailing Address PO Box 24124

City

Denver

State

CO

Zip Code

80224-0124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C S Johnson & Associates

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 10 / 2015

**Transaction ID : AF8F6EEC199E147FABCA**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ms. Candace S Johnson**

Mailing Address PO Box 24124

City

Denver

State

CO

Zip Code

80224-0124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C S Johnson & Associates

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 10 / 2015

**Transaction ID : ABE4D3AB8193A45DD98B**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronni Chernoff**

Mailing Address 4300 W 7th St

City

Little Rock

State

AR

Zip Code

72205-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 / 15 / 2015

**Transaction ID : A611B89A9A8C14B498E6**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Susan C Scott RDN**

Mailing Address 2925 Madrey Ln SE

City

Owens Cross Roads

State

AL

Zip Code

35763-8429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCS Nutrition Consulting, LLC

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2015

**Transaction ID : A6892C7F8008A40AC91E**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Marsha K Schofield**

Mailing Address 4186 Cheval Cir

City

Stow

State

OH

Zip Code

44224-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy of Nutrition and Dietetics

Occupation

Director, Nutrition Services Coverage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2015

**Transaction ID : A75370E7FFD514BAA8D5**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Anne M Wolf**

Mailing Address 5030 Rutherford Rd

City

Charlottesville

State

VA

Zip Code

22901-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2015

**Transaction ID : AE0F36DD108534B50AE3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Penny E McConnell**

Mailing Address 6840 Industrial Road

City

Springfield

State

VA

Zip Code

22151-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 24 / 2015

**Transaction ID : A6865AD08003B4A3698C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Kathleen M Yadrick**

Mailing Address 419 S. 40th Ave

City

Hattiesburg

State

MS

Zip Code

39402-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The University of Southern Mississippi

Occupation

Program Contact

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 / 28 / 2015

**Transaction ID : AAAC67BBF206244A1B0C**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Lorri Holzberg**

Mailing Address 2407 Sharon Rd

City

Menlo Park

State

CA

Zip Code

94025-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

04 / 29 / 2015

**Transaction ID : A848FD8BD1E36426FB37**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Donna S Martin**

Mailing Address 789 Burke Veterans Parkway  
 Burke County Board of Education

City

Waynesboro

State

GA

Zip Code

30830-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Burke County Board Of Educatio

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A0CE727CDBBF941B0828**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Trisha Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Malnutrition Antagonists

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A175964440EAD4DA19EC**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Connie B Diekman**

Mailing Address 1 Brookings Dr

City

Saint Louis

State

MO

Zip Code

63130-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University in St.Louis

Occupation

Director of University Nutrition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : ACF710F7DFC4B4D70913**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Paul A Mifsud**

Mailing Address 120 S Riverside Plz  
Ste 2000

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : A26BEC913DA794BBAB14**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

2785.00





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Michelle**

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
Albuquerque	NM	87107-3240

Purpose of Disbursement  
Michelle Grisham [NM-01-D]

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM	District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

**Transaction ID : BAA5DA4EF00AF4C81807**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement  
Gus Bilirakis [FL-12-R]

Candidate Name

**Rep. Gus M. Bilirakis**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 12	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

**Transaction ID : B476FE194647746478D5**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement  
Brett Guthrie [KY-02-R]

Candidate Name

**Rep. Brett Guthrie**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

**Transaction ID : BDCAABBBBADC94DAB8**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Academy of Nutrition and Dietetics Political Action Committee

500.00

State: WA District:

04 / 28 / 2015

Category/  
Type

State: MN District: 07

Category/  
Type

State:  District:

9000.00